

Testimony in SUPPORT of

HB-5254: An Act Requiring Health Insurance Coverage For Medication-Assisted Treatment For Opioid Use Disorder

Dear Members of the Insurance and Real Estate Committee,

My name is Evan Gale and I am a board-certified internal medicine physician currently completing my training in the specialty of addiction medicine at Yale-New Haven Hospital. I have treated hundreds of patients with opioid use disorder (OUD) this year alone. This testimony reflects my personal opinion and does not reflect the opinion of Yale University, Yale-New Haven Hospital, or any of its affiliates.

I am testifying **IN SUPPORT** of HB-5254 because:

- Medications for opioid use disorder (MOUD) have the best evidence of any intervention used to treat OUD
- Opioid overdose deaths are rising and MOUD is still greatly underutilized by patients with OUD¹
- Other states including Massachusetts have shown that patients with OUD who are on MOUD have lower rates of relapse and less health care expenses²

This bill will help the public health crisis of opioid use disorder and opioid overdose deaths and this bill helps achieve this goal. **However, I strongly recommend amending this bill to specify that insurance companies be required to cover long-acting injectable formulations of buprenorphine, such as Sublocade.** OUD is a chronic medical condition where relapse and remission are expected, and fluctuations in patient motivation for treatment is also expected.

Sublocade has an advantage over other formulations of buprenorphine, such as suboxone, because each injection provides four full weeks of medication treatment. I saw a patient recently who would take her suboxone only on some days of the week, and when her motivation for treatment dipped, she would skip doses and use heroin, which puts her at high risk for opioid overdose. She was interested in Sublocade treatment and knew it would help protect her from overdose, but the process to get her this medication has been arduous because of coverage issues, and each delay comes with a period of high overdose risk.

Sublocade also helps patients with OUD who are doing well on treatment. A patient who I saw recently in clinic who has been in recovery for years asked me to prescribe Sublocade so that he break the routine of taking medication every day, which served as an unwanted reminder of the days when he routine used heroin daily.

I urge members of the Public Health Committee to support HB-5254, and to amend the bill to specify that insurance companies should be required to cover all formulations of buprenorphine and specifically long-acting injectable formulations of buprenorphine.

Evan Gale, MD

¹ Saloner B, Karthikeyan S. Changes in substance abuse treatment use among individuals with opioid use disorders in the United States, 2004-2013. JAMA 2015

² Clark, R et al. Risk Factors for Relapse and Higher Costs Among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities, and Treatment History. Journal of Substance Abuse Treatment 2015